

Mailing Address:
Maine Bureau of Insurance
Attn: Nica LaTour
34 State House Station
Augusta, ME 04333

Location;
Bureau of Insurance
Gardiner Annex
124 Northern Avenue
Gardiner, ME 04345

DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION

Licensing Division
Telephone: (207) 624-8411

“STATE SPECIFIC COURSE APPROVAL FORM”

Please complete one application for each program.

Enclose \$20 for each course submitted and \$100 if applying for Provider approval (initial).

Provider Name: _____ Provider #: _____

Course Title: _____ Course Date: _____

Is this Course: NEW ☐ RESUBMISSION ☐ **COURSE#:** _____

Is this Course **approved** for **another Provider** ☐ :

COURSE #: _____ **Provider Name** _____

Instructor Name (s) **Required:** _____

NOTE: Designations and Qualifications (**Attach CE-4 Form**) **NO RESUMES PLEASE**

COURSE CONCENTRATION: **Note: No credits awarded for sales/marketing courses**

| Insurance Topics: | Hours |
|--|--------------|
| Accident/Health | |
| Casualty | |
| Ethics | |
| General Insurance Principles (All Lines) | |
| Insurance-related Laws | |
| Life | |
| Long Term Care | |
| Personal Lines | |
| Property | |
| Variable Life and Annuity | |
| Viatical Settlement | |
| Other (Specify) | |
| Total Hours | |

Each application submission must include course description, outlines, tests, promotional brochures, and other materials in describing the type of course checked above.

METHOD AND HOURS OF INSTRUCTION:

___ **CL - Classroom** (with actual hours of instruction) _____ **Hours**

___ **CR - Self Study - Passing of an exam required** _____ **Hours**

Bureau use only

| | |
|---------------------------|--------------------------|
| Provider #: | Course #: |
| Approval Date: | Disapproval Date: |
| CE Hours Approved: | Signed: |

DEADLINE FOR APPROVAL IS 45 DAYS.

The Provider **must** maintain a permanent record of Continuing Education Certification Form CE-6 and furnish a completed copy directly to the student. CE-8 roster **must** be submitted to the state within **30 days** of course completion.

NOTICE:

The Bureau of Insurance **will not** hold submissions/materials that have been reviewed for approval/disapproval. Submissions/materials **will be** discarded.

Application for Program Credit: Please complete all the information

Contact Name: _____

Course Title: _____

If course is part of a national designation program please identify program _____

Provider Name: _____ FEIN # _____

Address: _____

Telephone #: (____) _____

DO NOT WRITE BELOW THIS LINE

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The Continuing Education Advisory Committee (C.E.A.C.) has reviewed this application and its supporting information and recommends, by majority opinion, the following action:

_____ This course be **approved** and receive _____ **hours** of credit.

_____ This course **not be approved**.

Comments: _____

Reviewed on behalf of C.E.A.C. by _____ Date: _____